Early Screen for Discharge Planning (ESDP): Implementation of an Evidence-Based Tool for Targeted Early Discharge Interventions

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Background

Centers for Medicare and Medicaid (CMS) conditions of participation require hospitals to screen all inpatients for discharge needs at an early stage of hospitalization. Previous practice in Arizona:
- 69% of inpatients assessed by Care Management (CM)
- Lack of standardized screening for discharge needs
- Manual chart review
- Referral from medical team
- Late initiation of discharge planning impacts:
  - Patient/family engagement
  - Patient satisfaction
  - Length of stay (LOS)
  - Readmission
  - Care Management staff
- Mayo Clinic Enterprise convergence to standardize early discharge planning screening process.

The Early Screen for Discharge Planning (ESDP) has been proven as an effective predictive tool to identify patients requiring discharge planning intervention, allowing for appropriate allocation of discharge planning resources.

Goal

Determine if utilizing a predictive discharge planning tool for early identification and intervention can mitigate discharge barriers, improve patient engagement and satisfaction, shorten hospital length of stay and reduce readmissions.

Methods

- Replaced discharge planning questions within hospital nursing admission assessment
- Elements of the ESDP are mandatory fields
- ESDP score of 10 or greater triggers an automated consult to Care Management

Implication for Practice

- ESDP allows for early identification of discharge needs
- Improves allocation of Care Management resources
- Early initiation of discharge planning
  - Ensures the patient is discharged to the appropriate level of care
  - Increases patient/family engagement & satisfaction
  - Mitigates discharge barriers
  - Decreases length of stay
  - Decreases readmissions
  - Improves patient outcomes
- Criteria for assessment based on Care Management department Standards of Practice

Figure 1: ESDP

Self-rated Walking Location

Age

18-44 years = 0 points
45-64 years = 4 points
65-79 years = 6 points
80+ years = 9 points

Age in years: _______

Ranking Disability

1. Able to do usual work or perform work
2. Able to do light work or perform work
3. Able to do sedentary work or perform work
4. Able to do minimal activity
5. Unable to do any work

Welcome Screen

Nurse: Please answer the following questions regarding your discharge planning needs.

Figure 2: New Assessment

ESDP Score: _______

- Initial ESDP study demonstrated a score of 10 or greater has a 79% sensitivity to identify patients with discharge planning needs. (Graph 2)
- Improvement in initiation of early discharge planning. (Graph 1)
- Ongoing assessment is needed to determine the impact of the ESDP on LOS and readmission rates.
- There has been an increase in number of patients that CM is able to assess for discharge planning needs. The data shows the improvements seen initially have not been sustained over time.
- HCAHPS scores related to discharge planning processes have increased since implementation of the ESDP. It is acknowledged that the ESDP is not the only factor impacting these measures.
- Because of numerous factors, it is difficult to assess the impact of the ESDP on LOS and Readmission rates.

Outcomes

- Improvement in initiation of early discharge planning.
  - Decrease in time from admission to CM consult and CM assessment by 0.5 days. (Graph 1)
- Data demonstrates an increase of 9.3% in the number of patients that CM was able to assess for discharge planning needs. (Graph 2)
- Slight improvement has been seen in inpatient HCAHPS scores related to patient/family satisfaction of discharge planning needs. (Graph 3)
- The initial ESDP study demonstrated a score of 10 or greater has a 79% sensitivity to identify patients with discharge planning needs. Our results are consistent with the study (Table 1).
- Unable to determine if the ESDP has made an impact on length of stay and readmission rates at this time.

Next Steps

- Ongoing assessment is needed to determine the impact of the ESDP on LOS and readmission rates.
- To identify barriers in sustaining initial improvement in the number of patients seen by CM.
- Further evaluate discrepancies between ESDP less than 10 & patients with discharge planning needs.

Table 1: ESDP Sensitivity

<table>
<thead>
<tr>
<th>Post-ESDP</th>
<th>Q2 2017</th>
<th>Q3 2017</th>
<th>Q4 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of patients with &gt;=10</td>
<td>1044</td>
<td>1033</td>
<td>1120</td>
</tr>
<tr>
<td>Need for CM interventions</td>
<td>849</td>
<td>806</td>
<td>827</td>
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<tr>
<td>Percentage</td>
<td>81.3%</td>
<td>78.0%</td>
<td>73.8%</td>
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Summary

- Screening all patients on admission for discharge needs allows Care Management staff to prioritize assessments & initiate discharge planning process sooner in the hospital stay.
- An ESDP score of 10 or greater is effective in identifying patients requiring discharge planning which is consistent with study findings.
- There has been an increase in number of patients that CM is able to assess for discharge planning needs. The data shows the improvements seen initially have not been sustained over time.
- HCAHPS scores related to discharge planning processes have increased since implementation of the ESDP. It is acknowledged that the ESDP is not the only factor impacting these measures.
- Because of numerous factors, it is difficult to assess the impact of the ESDP on LOS and Readmission rates.

References

5. Rankin Disability
23. National Quality Forum (2015). Core Measure Sets for Care Coordination and Transformati...